



STATE OF WISCONSIN \ DEPARTMENT OF MILITARY AFFAIRS
WISCONSIN EMERGENCY MANAGEMENT

2400 WRIGHT STREET
P.O. BOX 7865
MADISON, WI 53707-7865
24-Hour Emergency Hotline:
1-800-943-0003
<http://emergencymanagement.wi.gov/>

DATE: December 17, 2009

TO: County Emergency Management Directors

FROM: Jerry Haberl, State Training Supervisor

SUBJECT: **Course Recruitment: EVENT SECURITY PLANNING FOR PUBLIC SAFETY PROFESSIONALS (MGT-335)**

The Wisconsin Division of Emergency Management, in partnership with Eastern Kentucky University, will sponsor the course entitled **Event Security Planning for Public Safety Professionals – (MGT-335)** on **JANUARY 14-15, 2010 at the REACT CENTER at Volk Field in Camp Douglas, Wisconsin**. The course will begin at **8:00 a.m.** on Thursday, January 14th, and conclude at approximately **4:30 p.m.** on Friday, January 15, 2010. The course will be delivered by *Eastern Kentucky University*. Classroom attire is casual.

This 16-hour course is designed to provide planning and management level skills to officers from state and local public safety agencies with the essential skills and knowledge for planning and managing the security for special events and identify guiding principles for special events security. The course is an adaptation of a non-certified Community Oriented Policing Services (COPS) curriculum and includes a software tool to assist participants in developing a basic event security plan. This course was developed by Eastern Kentucky University and will be delivered in an instructor-led format.

The target audience for this course is anyone who may be tasked with planning an event within the local community are encouraged to attend; i.e.; law enforcement, fire service, EMS, local officials, etc.

For those participants travelling **50 miles or more**, one way, and do not wish to commute, Wisconsin Emergency Management will provide lodging and will make reservations for participants at Volk Field. Both breakfast and lunch meals will be provided for ALL participants; however, the cost for travel, the evening meal, and any other incidentals associated with your stay will be a local responsibility. Additional administrative information will be provided in letters of confirmation to be sent when the course roster is finalized.

Please have prospective participants complete the attached registration form, and return the form to your Regional Office no later than **JANUARY 8, 2010**.

Thank you for helping us to bring emergency management training to your community. If you have any questions, or need further information, please call your Regional Director or myself at (608) 242-3213.

Encl: Application Form

cc: WEM Management Staff
Regional Offices
Randy Williams

**EVENT SECURITY PLANNING FOR PUBLIC SAFETY PROFESSIONALS –
(MGT-335)
REACT CENTER, VOLK FIELD, CAMP DOUGLAS
JANUARY 14-15, 2010**

Please complete the information below and send it to your County Director by January 7, 2010. County Directors must submit this registration to their Region Office no later than January 8, 2010. Due to the demand for emergency management training, we recommend that you submit your applications as soon as possible. (Reproduce this sheet locally for additional people.)

(please print clearly)

LAST NAME _____ FIRST NAME _____ FULL MIDDLE NAME _____
(MUST BE PROVIDED TO REGISTER – NOT JUST INITIALS)

TITLE _____ AGENCY _____ SIGNATURE _____

SOCIAL SECURITY NUMBER (LAST FOUR DIGITS) _____
(MUST BE PROVIDED TO REGISTER)

HOME ADDRESS _____

CITY _____ ZIP _____ COUNTY _____

WORK PHONE # _____ FAX _____

E-MAIL _____ DATE OF BIRTH: _____

DRIVERS LICENSE NUMBER _____ STATE _____
(MUST BE PROVIDED TO REGISTER)

State Privacy Provision

Authorization: Wisc Stats 166.03 and E.O. 9397.

Disclosure: Disclosure of personal information is voluntary; however, nondisclosure may result in delay in processing your application. **Secondary Purpose:** In accordance with Wisconsin Privacy Provision 15.04(m) Wisc Stats, the personal information you provide may be used for purposes other than for which it was collected.

LODGING INFORMATION

_____ I live within 50 miles and don't need a room.

_____ I live over 50 miles, please reserve a room for me as indicated below:

PLEASE CIRCLE THE NIGHTS THAT YOU NEED A ROOM

WEDNESDAY, JANUARY 13, 2010

THURSDAY, JANUARY 14, 2010

Do you require any special accommodations for a physical disability?

SIGNATURE OF COUNTY EM DIRECTOR/DATE OF RECEIPT: _____

SIGNATURE OF REGIONAL DIRECTOR/DATE OF RECEIPT: _____